

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

19

PLAINTIFF

United States of America

COURT CASE NUMBER

1:CV-00-0392

Amo

DEFENDANT

THOMAS A. ECKLEY

TYPE OF PROCESS

ORDER TO APPEAR,  
MOTION, FINANCIAL  
STMT

10/11/02

**SERVE**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

THOMAS A. ECKLEY

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT 12 Boyer Road, Milroy, PA 17063

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

KAREN M. MUSLOSKI  
United States Attorney's Office  
235 N. Washington Ave., Suite 311  
Scranton, PA 18503

Number of process to be  
served with this Form - 285

3

Number of parties to be  
served in this case

1

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVER (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Server):  
Fold

Fold

PERSONAL SERVICE REQUESTED IN AMPLE TIME FOR DEFENDANT TO APPEAR AT HEARING.  
INSTRUCT TO APPEAR AT 11/1/02 AT 10:00 AM IN FEDERAL COURTHOUSE, HARRISBURG, PA, JUDGE KANE.

Signature of Attorney or other Originator requesting service on behalf of:

Karen M. Musloski, Paralegal Specialist

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

(570) 348-2800

DATE

October 17, 2002

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

District  
of Origina  
No. 47

District  
to Serve  
No. 47

Signature of Authorized USMS Deputy or Clerk

P. Lavelle

Date

10/17/02

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

TOOD Eckley (son)

Address (complete only if different than shown above)

FILED  
SCRANTON  
OCT 31 2002

A person of suitable age and dis-

☒ cretion then residing in the defendant's  
usual place of abode.

Date of Service

10/25/02

Time

330 pm

Signature of U.S. Marshal or Deputy

William M. G. R.

Service Fee

180.00

Total Mileage Charges  
(including endeavors)

58.40

Forwarding  
Fee

238.40

Total Charges

476.80

Advance Deposits

DEPUTY CLERK

Amount owned to U.S. Marshal or

Amount of Refund

REMARKS:

hh:11 AM OCT 30 2002  
U.S. MARSHAL SERVICE  
MIDDLEBURY

STAFF 1330  
END 1330  
1 Deputy  
RT miles 160